



**ADAMS COUNTY TAX SERVICES
DEPARTMENT**
COURTHOUSE, ROOM 202
117 BALTIMORE STREET, GETTYSBURG, PA 17325
TELEPHONE: 717-337-9837 FAX: 717-334-2091

Board of Assessment Appeals – Power of Attorney Policy

The Rules of the Adams County Board of Assessment Appeals provide that an appeal may be executed by an “authorized representative of the owner.” (Rule A-3.) For purposes of this rule, an “authorized representative” may be:

(1) an attorney licensed to practice law in Pennsylvania; (2) a person with a valid power of attorney; (3) a corporate officer, or employee of the corporation that owns or leases the property; or (4) a legal guardian of the owner. [Rule A-3.]

We have received inquiries regarding what constitutes a valid power of attorney. This document is intended to address these inquiries.

The requirements for a valid power of attorney under Pennsylvania law may be found at 20 Pa.C.S., Ch. 56, or online at:

<http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/20/00.056..HTM>

For convenience, the Board of Assessment Appeals has created the attached LIMITED POWER OF ATTORNEY FORM that it will accept as conforming with 20 Pa.C.S., Ch. 56. **The form provided is intended for use only before the Adams County Board of Assessment Appeals.**

The Board of Assessment Appeals is unable to provide legal advice regarding the sufficiency of any other power of attorney instrument presented. Please consult 20 Pa.C.S., Ch. 56, and your own attorney.

If you elect to designate a representative by use of an out-of-state power of attorney instrument, pursuant to 20 Pa.C.S. § 5611, you must provide the Board with documentation demonstrating the validity of the power of attorney in the jurisdiction in which it was executed.

If you have any additional questions, please contact the Adams County Tax Services Department at 717-337-9837.



ADAMS COUNTY BOARD OF ASSESSMENT APPEALS

LIMITED POWER OF ATTORNEY FORM

This form may be used to give another person, as your agent, the authority to represent you before the Adams County Board of Assessment Appeals ("Board"). **This form is intended for use only before the Board.**

Please fill out, sign and date **both pages** of this form. You must enter an expiration date on this form. If this form is not completely filled out, the Board reserves the right to deny representation by your designated agent.

You may revoke this power of attorney at any time by providing written notice to the Board and to your agent.

This form has been drafted consistent with Pennsylvania's statute governing powers of attorney, 20 Pa.C.S., Ch. 56, which can be found online at:

<http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/20/00.056..HTM>

NOTICE

- THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.
- THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.
- YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.
- YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.
- A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.
- THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.
- IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.
- I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Signature of Principal

Date



ADAMS COUNTY BOARD OF ASSESSMENT APPEALS
LIMITED POWER OF ATTORNEY FORM

(FILL ALL BLANKS)

I, _____ (Principal),
of _____ (Address),
hereby grant to _____ (Agent),
of _____ (Address),

the power to be my authorized representative before the **Adams County Board of Assessment Appeals** with respect to property identified as Tax Parcel Number(s):

_____ during the 20____ property tax appeals.

Agent has the power to file, execute and/or sign an appeal and represent Principal with respect to said appeal in writing or in person before the Board.

Signature of Principal

Date

ACKNOWLEDGEMENT OF AGENT

I, _____ (Agent), have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in 20 Pa.C.S. when I act as agent:

- I shall exercise the powers for the benefit of the principal.
- I shall keep the assets of the principal separate from my assets.
- I shall exercise reasonable caution and prudence.
- I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Signature of Agent

Date